Denti-Cal
California Medi-Cal Dental
Bulletin

This Issue:

Training Seminars

Reserve an available spot for one of our open training seminars.

Webinar
Basic & EDI/D575 - Sept. 4, 2015

Garden Grove
Basic & EDI/D576 - Sept. 16, 2015
Advanced/D577 - Sept. 17, 2015

Burlingame
Basic & EDI/D578 - Sept. 22, 2015
Advanced/D579 - Sept. 23, 2015

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist. Go here for more information!

Wednesday, Sept. 16, 8 am - 4 pm.

Modified Policy for General Anesthesia and Intravenous Sedation

The Department of Health Care Services (DHCS) has developed consistent criteria and guidelines for Intravenous conscious sedation/analgesia (procedures D9241/D9242) and Deep sedation/ general anesthesia (procedures D9220/D9221) that will be implemented across all delivery systems and programs. Effective November 1, 2015, providers will be required to submit Treatment Authorization Requests (TARs) for the provision of intravenous sedation and general anesthesia services. The provider who renders the intravenous sedation and/or general anesthesia service is responsible for submitting the authorization request. Submission and criteria requirements outlined in the Manual of Criteria (MOC) will not be updated until the implementation of CDT 15 occurs. However, providers are required to abide by the updated requirements outlined in this provider bulletin.

Intravenous Sedation and General Anesthesia Guidelines for Dental Procedures

Patient selection for conducting dental procedures under intravenous sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. DHCS expects that the dental provider will work collaboratively with an anesthesia provider to determine whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving intravenous sedation or general anesthesia. The need for intravenous sedation or general anesthesia should be evaluated using the clinical judgement of the provider(s) based on the criteria indications delineated below. The anesthesia provider must submit documentation outlining the patient's need for intravenous sedation or general anesthesia based on the criteria indications delineated below through a TAR and must receive approval prior to delivering the requested sedation or anesthesia services. Please note a TAR is not required prior to delivering intravenous sedation or general anesthesia as part of an outpatient dental procedure in a state certified skilled nursing facility (SNF) or any category of intermediate care facility (ICF) for the developmentally disabled. Additionally, the dental provider must meet the requirements for chart documentation, which include a copy of a complete history and physical examination, diagnosis, treatment plan, radiological reports and images, the indication for intravenous sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure pertinent to the request.

Criteria Indications for Intravenous Sedation or General Anesthesia

Behavior modification and local anesthesia shall be attempted first, conscious sedation shall then be considered if this fails or is not feasible based on the medical needs of the patient.

If the provider provides clear medical record documentation of <u>both</u> number 1 and number 2 below, then the patient shall be considered for intravenous sedation or general anesthetic:

1. Use of local anesthesia to control pain failed or was not feasible based on the medical needs of the patient.

2. Use of conscious sedation, either inhalation or oral, failed or was not feasible based on the medical needs of the patient.

If the provider documents <u>any one</u> of numbers 3 through 6 then the patient shall be considered for intravenous sedation or general anesthetic:

3. Use of effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff) failed or was not feasible based on the medical needs of the patient.

4. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.

5. Patient has acute situational anxiety due to immature cognitive functioning.

6. Patient is uncooperative due to certain physical or mental compromising conditions.

If sedation is indicated then the least profound procedure shall be attempted first. The procedures are ranked from low to high profundity in the following order: conscious sedation via inhalation or oral anesthetics, intravenous sedation, then general anesthesia.

Patients with certain medical conditions such as but not limited to: moderate to severe asthma, reactive airway disease, congestive heart failure, cardiac arrhythmias and significant bleeding disorders (i.e. continuous anticoagulant therapy such as Coumadin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis.

Providers shall adhere to all regulatory requirements (Federal, State, Licensing Board, etc.) for:

♦ Preoperative and perioperative care

♦ Monitoring and equipment requirements

♦ Emergencies and transfers

♦ Monitoring Guidelines

NEED MORE INFORMATION?

Provider Enrollment Workshops

Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Wednesday, Sept. 10, 2015 8:00 AM- 4:00 PM Register Now!	Double Tree 924 W. Huntington Drive Monrovia, CA 91016	Los Angeles County
Wednesday, Sept. 24, 2015 8:00 AM- 4:00 PM Register Now!	Double Tree 34402 Pacific Coast Hwy Dana Point, CA 92629	Orange County

Intravenous Sedation and General Anesthesia: Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios

Scenario 1 – Dental Office

Beneficiary Enrolled in:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist	MCP pays anesthesiologist	MCP pays anesthesiologist	Medi-Cal Medical FFS pays anesthesiologist	Medi-Cal Medical FFS pays anesthesiologist
Submit Prior Authorization/Treatment Authorization Request to:	MCP for anesthesia fees	MCP for anesthesia fees	CAASD Field Office (ETAR) for anesthesia fees	CAASD Field Office (ETAR) for anesthesia fees
Dental Anesthesiologist	DMC Plan pays anesthesiologist	Denti-Cal pays anesthesiologist	DMC Plan pays anesthesiologist	Denti-Cal pays anesthesiologist
Submit Prior Authorization/Treatment Authorization Request to:	DMC Plan for anesthesia fees	Denti-Cal for anesthesia fees	DMC Plan for anesthesia fees	Denti-Cal for anesthesia fees

Scenario 2 – Dental Only Surgery Center

Beneficiary Enrolled in:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist OR Certified Registered Nurse Anesthetist	• MCP pays anesthesiologist • MCP pays facility fees	• MCP pays anesthesiologist • MCP pays facility fees	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fees	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fees
Submit Prior Authorization/Treatment Authorization Request to:	MCP for anesthesia fees and for facility fees	MCP for anesthesia fees and for facility fees	CAASD Field Office (ETAR) for anesthesia fees and for facility fees	CAASD Field Office (ETAR) for anesthesia fees and for facility fees
Dental Anesthesiologist	• DMC Plan pays anesthesiologist • MCP pays facility fees	• Denti-Cal pays anesthesiologist • MCP pays facility fees	• DMC Plan pays anesthesiologist • Medi-Cal Medical FFS pays facility fees	• Denti-Cal pays anesthesiologist • Medi-Cal Medical FFS pays facility fees
Submit Prior Authorization/Treatment Authorization Request to:	• DMC Plan for anesthesia fees • MCP for facility fees	• Denti-Cal for anesthesia fees • MCP for facility fees	• DMC Plan for anesthesia fees • CAASD Field Office (ETAR) for facility fees	• Denti-Cal for anesthesia fees • CAASD Field Office (ETAR) for facility fees

Scenario 3 – Ambulatory Surgery Center and General Acute Care Hospitals

Beneficiary Enrolled in:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist OR Certified Registered Nurse Anesthetist	• MCP pays anesthesiologist • MCP pays facility fee	• MCP pays anesthesiologist • MCP pays facility fee	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider
Submit Prior Authorization/Treatment Authorization Request to:	MCP for anesthesia and facility fees	MCP for anesthesia and facility fees	CAASD Field Office (ETAR) for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider	CAASD Field Office (ETAR) for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider
Dental Anesthesiologist	• DMC Plan pays anesthesiologist • MCP pays facility fee	• Denti-Cal pays anesthesiologist • MCP pays facility fee	• DMC Plan pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider	• Denti-Cal pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider
Submit Prior Authorization/Treatment Authorization Request to:	• DMC Plan for anesthesia fees • MCP for facility fees	• Denti-Cal for anesthesia fees • MCP for facility fees	• DMC Plan for anesthesia fees • CAASD Field Office (ETAR) for facility fees if DOSC is an enrolled Medi-Cal provider	• Denti-Cal for anesthesia fees • CAASD Field Office (ETAR) for facility fees if DOSC is an enrolled Medi-Cal provider

Acronym List:

CAASD – Clinical Assurance and Administrative Support Division

Medi-Cal Dental FFS or Denti-Cal – Medi-Cal Dental Fee-For-Service

DMC Plan – Dental Managed Care Plan

DOSC – Dental Only Surgery Center

DHCS – Department of Health Care Services

ETAR – Electronic Treatment Authorization Request

MCP – Medi-Cal Managed Care Health Plan

Medi-Cal Medical FFS – Medi-Cal Medical Fee-For-Service

MCMC – Medi-Cal Medical Managed Care

Additional DHCS Resources

Clinical Assurance and Administrative Support Division: http://www.dhcs.ca.gov/formsandpubs/laws/CAASD/Pages/default.aspx

Dental Managed Care Plan Directory: http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCarePlanDir

Medi-Cal Dental Provider Handbook: http://www.denti-cal.ca.gov/WSI/Publications.jsp?fname=ProvManual

Medi-Cal Electronic Treatment Authorization Request (ETAR) webpage: https://learn.medi-cal.ca.gov/Resources/eTARNewsTips.aspx

Medi-Cal Managed Care Health Plan Directory: http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx

Medi-Cal Provider Manuals: http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp

References:

♦   American Academy of Pediatric Dentistry (AAPD) — www.aapd.org

♦   American Dental Board of Anesthesiology — www.adba.org

♦   American Dental Society of Anesthesiology — www.adsahome.org

♦   American Society of Anesthesiologists — www.asahq.org

♦   American Association of Nurse Anesthetists — www.aana.com/resources2/professionalpractice

♦   Dental Board of California — www.dbc.ca.gov/licensees/dds/permits_ga.shtml

♦   National Network for Oral Health Access — www.nnoha.org/nnoha-content/uploads/2013/07/White-Paper-Health-Centers-and-Hospital-Based-Dentistry.pdf

♦   Cochrane Database of Systematic Reviews 2012 — www.update-software.com/BCP/WileyPDF/EN/cd006334.pdf

♦   National Guideline Clearinghouse — www.guideline.gov/content.aspx?id=15258&search=General+Anesthesia

♦   US National Library of Medicine National Institutes of Health NIH — www.ncbi.nlm.nih.gov/pubmed/23152234

Please continue to check the Denti-Cal website frequently for additional updates and program changes regarding the provision of intravenous sedation and general anesthesia services.

For more information please call the Denti-Cal Provider Service line at 1-800-423-0507.

Non-Intravenous Conscious Sedation (D9248)

A dentist may not administer Non-Intravenous Conscious Sedation (D9248) to a patient unless the dentist possesses one of the following:

♦ A valid General Anesthesia permit;

♦ A valid Conscious Sedation permit; or

♦ A certificate as a provider of Oral Conscious Sedation from the Dental Board of California.

A provider who possesses a valid General Anesthesia permit or a valid Conscious Sedation permit can provide non-intravenous conscious sedation.

A physical evaluation and medical history shall be taken **before** the administration of non-intravenous conscious sedation to a beneficiary. Any dentist who administers or orders the administration of non-intravenous conscious sedation to a beneficiary shall maintain records of the physical evaluation, medical history, and non-intravenous conscious sedation procedures used as required by the board regulations.

The failure to document any of the above records has been deemed unprofessional conduct by the Dental Board of California. The failure to perform any evaluation or monitoring of the patient has been deemed negligence by the Dental Board of California.

Please review the Dental Board of California Website for statutes and regulations on the use of non-intravenous conscious sedation: http://www.dbc.ca.gov/lawsregs/index.shtml.

For questions regarding non-intravenous conscious sedation please call the Denti-Cal Provider Service line at 800-423-0507.